



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

EDWARD ICAZA, MD

Respondent Name

LIBERTY INSURANCE CORP

MFDR Tracking Number

M4-17-3758-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

AUGUST 21, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134."

Amount in Dispute: \$151.86

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Interpretation of the EMG/NCV is part of the professional component of those codes and should not be counted as a required key component of the E&M...HCPCS Code A4556...and A4215...supplies are not separately payable per Medicare guidelines. . These codes were previously disputed on M4-17-1922-01 and denials were upheld."

Response Submitted By: Liberty Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 22, 2016	CPT Code 99202 New Patient Office Visit	\$119.96	\$0.00
	CPT Code 95886 (X2) Needle EMG	\$0.00	\$0.00
	CPT Code 95910 Nerve Conduction Studies	\$0.00	\$0.00
	HCPCS Code A4556 Electrodes	\$16.90	\$0.00
	HCPCS Code A4215 Needle	\$15.00	\$0.00
TOTAL		\$151.86	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced / denied by the respondent with the following reason code:
 - 97-Payment is included in the allowance for another service/procedure.
 - X212-This procedure is included in another procedure performed on this date.
 - 234, MSCP-In accordance with the CMS physician fee schedule rule for status code "P", this service is not separately reimbursed when bill with other payable service.
 - No EOB submitted for CPT code 99202.
4. Case History:
 - The requestor initially sought MFDR on February 22, 2017 for codes 99204, 95886, 95910, A4556 and A4215.
 - The division docketed this dispute under M4-17-1922-01.
 - The division reviewed the disputed services and issued a findings and decision on March 9, 2017.
 - The requestor then down-coded the evaluation and management service from 99204 to 99202 and submitted claim to the insurance carrier.
 - The requestor now seeks MFDR for codes 99202, A4215 and A4556.
 - The division docketed this dispute under M4-17-3758-01.

Issues

1. What is the applicable fee guideline for professional services?
2. Was the office visit billed in accordance with fee guideline? Is the requestor entitled to reimbursement?
3. Is HCPCS code A4556 and A4215 eligible for review?

Findings

1. The requestor is seeking MFDR for evaluation and management service CPT code 99202 rendered on October 22, 2016. As stated above, the requestor originally billed and sought MFDR for evaluation and management service CPT code 99204. Regarding CPT code 99204, the MFDR determined that the documentation did not support the level of service billed; was not billed in accordance with general coding policies; and that was billed without the appropriate modifier. After the decision, the requestor then down-coded the evaluation and management code and billed CPT code 99202.

The fee guidelines for disputed services are found in 28 Texas Administrative Code §134.203.

2. 28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

CPT code 99202 is defined as "Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family."

On the disputed date of service, the requestor billed for CPT code 99202, 95910, 95886, A4556 and A4215.

Per 28 Texas Administrative Code §134.203(a)(5), the Division referred to Medicare's coding and billing policies. Per Medicare fee schedule, CPT code 95886 has a global surgery period of "ZZZ" and code 95910 has "XXX".

The National Correct Coding Initiative Policy Manual, effective January 1, 2016, Chapter I, General Correct Coding Policies, section D, states:

All procedures on the Medicare Physician Fee Schedule are assigned a Global period of 000, 010, 090, XXX, YYY, ZZZ, or MMM. The global concept does not apply to XXX procedures. The global period for YYY procedures is defined by the Carrier (A/B MAC processing practitioner service claims). All procedures with a global period of ZZZ are related to another procedure, and the applicable global period for the ZZZ code is determined by the related procedure... Procedures with a global surgery indicator of "XXX" are not covered by these rules. Many of these "XXX" procedures are performed by physicians and have inherent pre-procedure, intra-procedure, and post-procedure work usually performed each time the procedure is completed. This work should never be reported as a separate E&M code. Other "XXX" procedures are not usually performed by a physician and have no physician work relative value units associated with them. A physician should never report a separate E&M code with these procedures for the supervision of others performing the procedure or for the interpretation of the procedure. With most "XXX" procedures, the physician may, however, perform a significant and separately identifiable E&M service on the same date of service which may be reported by appending modifier 25 to the E&M code. This E&M service may be related to the same diagnosis necessitating performance of the "XXX" procedure but cannot include any work inherent in the "XXX" procedure, supervision of others performing the "XXX" procedure, or time for interpreting the result of the "XXX" procedure. Appending modifier 25 to a significant, separately identifiable E&M service when performed on the same date of service as an "XXX" procedure is correct coding.

The Division finds that the requestor did not identify a significant and separate E&M service to support billing CPT code 99202 in conjunction with CPT codes 95886 and 95910. In addition, the requestor did not append modifier 25 to CPT code 99202 per the correct coding guidelines. Therefore, the Division finds that the requestor's documentation did not support billing CPT code 99202. As a result, reimbursement is not recommended.

3. The requestor is also seeking dispute resolution for HCPCS codes A4556 and A4215. The division reviewed these codes and issued a findings and decision on March 9, 2017.

28 Texas Administrative Code §133.307 (g) states,

Appeal of MFDR Decision. A party to a medical fee dispute may seek review of the decision. Parties are deemed to have received the MFDR decision as provided in §102.5 of this title. The MFDR decision is final if the request for the benefit review conference is not timely made. If a party provides the benefit review officer or administrative law judge with documentation listed in subsection (d)(2)(H) or (I) of this section that shows unresolved issues regarding compensability, extent of injury, liability, or medical necessity for the same service subject to the fee dispute, then the benefit review officer or administrative law judge shall abate the proceedings until those issues have been resolved. (1) A party seeking review of an MFDR decision must request a benefit review conference no later than 20 days from the date the MFDR decision is received by the party. The party that requests a review of the MFDR decision must mediate the dispute in the manner required by Labor Code, Chapter 410, Subchapter B and request a benefit review conference under Chapter 141 of this title (relating to Dispute Resolution--Benefit Review Conference). A party may appear at a benefit review conference via telephone. The benefit review conference will be conducted in accordance with Chapter 141 of this title.

Because the requestor did not appeal the MFDR decision for HCPCS codes A4556 and A4215 issued on March 9, 2017 under docket number M4-17-1922-01, that decision is final per 28 Texas Administrative Code §133.307 (g). Therefore, the division will not consider for HCPCS codes A4556 and A4215 any further.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	09/08/2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.